

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02  
PREVIOUS EDITIONS WILL BE DESTROYED

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-092437**



Indicate  
North  
by Arrow



**LEGEND**

POI (APPROXIMATE) 60' EAST OF  
EAST CURB OF NORTH 27TH  
STREET AND 48' SOUTH OF NORTH  
CURB OF SUPERIOR STREET

**Not To Scale**

TO INDUSTRIAL →



SUPERIOR  
STREET

← TO NORTH 27TH STREET

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver of Vehicle #1 said he was operating his vehicle Westbound on Superior street, and had stopped for a line of traffic that was stopped for a red signal at North 27th Street. He said his vehicle was struck from behind by Vehicle #2. Driver of Vehicle #2 said she was also operating her vehicle Westbound on Superior Street, approaching North 27th Street. She said she was distracted, while answering a text on her cellular telephone, and did not observe that Vehicle #1 was stopped. Vehicle #2 struck Vehicle #1.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME ADDRESS PHONE				
	NAME ADDRESS PHONE				

  

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2															
1				X	SUPERIOR																	
2				X	SUPERIOR																	
1	11				06 Turning left	POINT OF IMPACT	05	POINT OF IMPACT	01													
2	01				08 Entering traffic lane	MOST DAMAGED AREA	05	MOST DAMAGED AREA	01													
					00 None		02 03 04															
					09 Top & windows		01 05															
					10 Undercarriage		08 07 06															
					11 Total (all areas)																	
					12 Other																	
					13 Unknown																	

  

OFFICER NO. <b>956</b>	TROOP/TEAM/BEAT <b>NW</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Chris Ehrhorn</b>		INVESTIGATOR SIGNATURE <b>Approved by Chris Ehrhorn</b>	
DATE OF REPORT <b>10/05/2015</b>			